

To Whom It May Concern:

I have sought the assistance of Congressman Robin C. Hayes on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the **Privacy Act of 1974**.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Hayes or any authorized member of his staff until this matter is resolved. I also hereby authorize **The Department of Veterans Affairs** to release any information pertaining to past, present, and future VA claims and issues. This includes any claims that deal with issues related to **Title 38 > Part V > Chapter 73 > Subchapter III > § 7332** and **Title 38 > Part IV > Chapter 57 > Subchapter I > § 5701**.

\_\_\_\_\_  
(Name of Claimant)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Address of Claimant)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Military Branch)

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Date)

Brief description of problem and/or information requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return form to:

Congressman Robin C. Hayes  
137 Union Street South  
Concord, NC 28025